

HEALTH CARE STUDIES DIVISION REPORT #82-004

CHILD PROTECTION AND CASE MANAGEMENT TEAM PERFORMANCE EVALUATION TOOL (CPCMT P.E.T.)

by

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> Final Report May 1982



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Prepared for:

Human Resources Division Headquarters, Health Services Command

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SECURITY CLASSIFICATION OF THIS PAGE (When Date Entered)

REPORT DOCUMENTATION PAGE	READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER 2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
Health Care Studies Div Rpt #82-004 #118 40	7
4. TITLE (and Subtitle)	5. TYPE OF REPORT & PERIOD COVERED
Child Protection and Case Management Team	Final Report May 1982
Performance Evaluation Tool (CPCMT P.E.T.)	6. PERFORMING ORG. REPORT NUMBER
	6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(e)	8. CONTRACT OR GRANT NUMBER(*)
MAJ Theodore P. Furukawa, MSC	
MAJ Charles M. Waits, AGČ	
9. PERFORMING ORGANIZATION NAME AND ADDRESS	10. PROGRAM ELEMENT, PROJECT, TASK
Health Care Studies Division	10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
Academy of Health Sciences, US Army	
Fort Sam Houston, Texas 78234	
11. CONTROLLING OFFICE NAME AND ADDRESS	12. REPORT DATE
	May 1982
	13. NUMBER OF PAGES
14. MONITORING AGENCY NAME & ADDRESS(II different from Controlling Office)	15. SECURITY CLASS. (of this report)
	Unclassified
	154. DECLASSIFICATION/DOWNGRADING
16. DISTRIBUTION STATEMENT (of this Report)	
Unlimited distribution.	
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different tro	m Report)
18. SUPPLEMENTARY NOTES	
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19. KEY WORDS (Continue on reverse side if necessary and identity by block number)	
child protection, child abuse, child neglect, child	d advocacy, child
protection team, multidisciplinary team, performance	ce evaluation, Delphi
Technique	1
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20. ABOTRACT (Continue on reverse side If measuremy and identify by block number)	
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as respondents. The resulting performance evaluati	ion tool is a three-part.
26-item form which is recommended for use by CPCMTs	s and for inclusion in future

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TABLE OF CONTENTS

		Page
1.	INTRODUCTION	1
2.	OBJECTIVE	1
3.	METHODOLOGY	1
4.	FINDINGS	2
5.	DISCUSSION	3
6.	CONCLUSION	3
7.	RECOMMENDATIONS	3
8.	LITERATURE CITED	4
9.	APPENDICES	
	A. OVERVIEW DESCRIPTION OF THE STUDY PROPOSAL, AND THE ROLES OF THE RESPONDENT GROUP AND STAFF GROUP	6
	B. DIRECTORY OF KEY STUDY PERSONNEL	10
	C. FIRST ITERATION: FIRST DRAFT QUESTIONNAIRE AND COVER LETTER	12
	D. SECOND ITERATION: SECOND DRAFT QUESTIONNAIRE AND COVER LETTER	26
	E. RESPONSES TO FIRST ITERATION	34
	F. RESPONSES TO SECOND ITERATION	45
0.	DISTRIBUTION LIST	53

ACKNOWLEDGEMENTS

The authors wish to thank the following Army Medical Department officers who served with enthusiasm and with diligence as staff group members: COL Anna K. Frederico, ANC, Community Health Nurse Staff Officer, Preventive Medicine Division, Headquarters, Health Services Command; LTC David L. Garber, MSC, Social Work Staff Officer, Clinical Medicine Division, Headquarters, Health Services Command; MAJ Stonell B. Green, MSC, Social Work Service, Chairperson, CPCMT, Brooke Army Medical Center; CPT J. William Parker, MC, Pediatric resident, Department of Pediatrics, Brooke Army Medical Center; MAJ Wayne St. Pierre, MSC, Class Adviser, USAADATT/USACART, Behavioral Science Division, Academy of Health Sciences; and CPT Peter L. Staresnick, MSC, Instructor, Community Sciences Branch, Behavioral Science Division, Academy of Health Sciences. Special recognition is also deserved by the chairpersons of CONUS Child Protection and Case Management Teams who served as points of contact, liaisons, and panelists. Finally, our appreciation is extended to the clerical staffs of Health Care Studies Division, Academy of Health Sciences, and of Human Resources Division, Headquarters, Health Services Command, for their quality work.

SUMMARY

This AMEDD Study Program priority study for FY 81-82 was requested by Headquarters, Health Services Command (HSPE-H) for the purpose of developing a Standard Child Protection and Case Management Team Performance Evaluation Tool for use by Army child protection teams. A staff group of subject matter experts employed a modified Delphi Technique with two iterations. The chairpersons of each CONUS CPCMT served as Delphi panelists and were urged to use the expertise on their team to complement their own responses. The study product is a three-part (organization, function, and administration), 26-item form which is recommended for use by CPCMTs and for inclusion in future revisions of regulations and directives.

CHILD PROTECTION AND CASE MANAGEMENT TEAM PERFORMANCE EVALUATION TOOL

1. INTRODUCTION.

a. <u>Purpose</u>. The study was requested by the Human Resources Division, DCSPER, Headquarters, Health Services Command, for the purpose of developing a standard Child Protection and Case Management Team (CPCMT) Performance Evaluation Tool for use of CPCMTs established under the provisions of Army Regulation 608-1, Chapter 7, October 1978.

b. Background.

- (1) Child maltreatment is a serious nationwide social problem which occurs among all major social groupings and at all income levels. Childhood injuries attributed to child maltreatment number in excess of one million cases in the United States annually (10 cases per 1,000 population) and include over 5,000 deaths (0.025 cases per 1,000 population) (4, 7). Studies of the prevalence of maltreatment indicate that the rate of reported cases in military communities is similar to the rate in American civilian communities (12, 17). Among Army children in 1979-80, the rate of reported cases of maltreatment was 250 per 100,000 children at risk per year (11).
- (2) In accordance with AR 608-1 (1), all CONUS Army installations with 2,000 or more military dependents are required to establish an Army Child Advocacy Program (ACAP), a key element of which is a Child Protection and Case Management Team (CPCMT). The CPCMT is defined as the Army multidisciplinary team appointed and supervised by the medical treatment facility commander to investigate and evaluate all allegations of child maltreatment. The team is further impowered to determine the disposition of specific cases, coordinate and use available military and civilian resources to treat children and families, and recommend corrective actions on conditions that lead to child abuse and neglect. According to the National Center on Child Abuse and Neglect (NCCAN) and to other child protection authorities, the multidisciplinary team approach provides (a) better assessment of clients' treatment needs and (b) better treatment planning and delivery than individual child protection work (6).
- (3) The US Army already dedicates a sizeable portion of medical expertise to child protection. In a survey of all CONUS CPCMTs covering FY 78, over 350 US Army personnel and Department of the Army civilians, primarily from the Army Medical Department, committed an average of ten percent of their duty time in child protection and case management activities (5).
- (4) While informal prescriptive guidelines for child maltreatment case management have been published (19), no measure of performance effectiveness (similar to the criteria guidelines employed in medical audits) has been developed for use by CPCMTs (3, 8, 9, 10, 14, 18).
- 2. OBJECTIVE. The study objective was to develop a CPCMT Performance Evaluation Tool.

3. METHODOLOGY.

a. Overview. Since explicit criteria on child protection team performance

had not been developed, the Delphi Technique was selected as the appropriate data collection/analysis approach (2, 13, 16, 20). A study group of subject-matter experts and a panel of all CONUS CPCMT chairpersons were employed through two iterations, using mailed questionnaires.

b. Procedures.

- (1) An overview description of the study proposal and of the roles of the respondent group and staff group was prepared; this document served as the methodological framework (Appendix A).
- (2) A staff group of subject-matter experts and consultants was carefully selected from health service commands at Fort Sam Houston, Texas. The members received formal appointment by the commanders of Health Services Command, Academy of Health Sciences, and Brooke Army Medical Center (Appendix B).
- (3) The first iteration draft tool was developed by the staff group and mailed to the chairpersons of each CPCMT (Appendix C). This tool (in the form of a questionnaire) elicited opinions on (a) which items should or should not be regarded as criteria in judging CPCMT effectiveness and (b) proposed standards.
- (4) The responses on the first draft tool (questionnaire) indicated that specific proposed criteria were consistently judged to be either important or unimportant. Consequently, the staff group decided to modify the tool substantially by (a) eliminating the "unimportant" criteria thus reducing the number of criteria from 50 to 26; (b) operationally defining each of the 26 remaining criteria; (c) dividing the criteria conceptually into three categories (organization, function, and administration); (d) weighting the criteria by category based upon the relative importance assigned in the first iteration (each criterion in the "organization" category given the value of five points, each in the "function" category four points, and each in the "administration" category three points); and (e) simplifying the scoring by granting full point credit when a criterion was met or was present (five, four, or three points) and denying any points (zero points) when a criterion was not met or was absent. The point values for the three categories of criteria were also chosen to facilitate ease in counting: If all criteria are met or are present, the points total 100.
- (5) The second draft tool was designed and mailed to the respondent panel for concurrence, modification, or nonconcurrence (Appendix D). Panel responses were compiled, compared, and analyzed.

4. FINDINGS.

- a. The panel responses from the first iteration of the Delphi Technique clearly indicated the need for a significant revision for the second iteration. These revisions are discussed above in paragraph 3.b.(4). The responses are summarized in Appendix E.
- b. The panel responses from the second iteration clearly indicated support for, and concurrence with, the second draft tool. This tool, without modification,

is submitted as the proposed Child Protection and Case Management Team Performance Evaluation Tool (CPCMT P.E.T.) Additional respondent comments are summarized in Appendix F.

5. DISCUSSION.

- a. The consensus of panelists on a CPCMT performance evaluation tool (P.E.T.), derived through a modified Delphi Technique (two iterations), demonstrated both a need for such a tool and similar perceptions of what elements should constitute this tool.
- b. While further experience may eventually lead to subsequent revisions, the proposed CPCMT P.E.T. can provide teams with the bases for (1) their own self-evaluation, (2) their contribution of a standard medical audit criteria on child protection for their medical treatment facility, and (3) suggested guidelines for routine inspections.

6. CONCLUSIONS.

The study objective of developing a CPCMT Performance Evaluation Tool was met.

7. RECOMMENDATIONS.

- a. Recommend that a copy of this report be made available throughout the AMEDD to each Child Protection and Case Management Team.
- b. Recommend that the proposed Child Protection and Case Management Team Performance Evaluation Tool be incorporated, where feasible, in revisions of the appropriate Department of the Army and major command regulations or supplements to regulations.

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APPENDIX A

Overview Description of the Study Proposal, and the Roles of the Respondent Group and Staff Group

OVERVIEW DESCRIPTION OF THE STUDY PROPOSAL, AND THE ROLES OF THE RESPONDENT GROUP AND STAFF GROUP

1. Study Proposal

- a. Basically, the proposal states that: (1) the seriousness of child maltreatment acts, (2) the alarming incidence of child maltreatment in military and civilian communities, and (3) the current sizable commitment of AMEDD staff to the Army's child protection effort all support the need for standards (either mandatory or voluntary) for assessing the effectiveness of Army child protection team programs. Measures of effectiveness include both patient care and administrative (efficiency) measures. Such measures allow comparisons among programs, or between the same program at two different times, when they include quantifiable concrete criteria against which medical record entries, team meeting minutes, or written survey results can later be compared.
- b. The list of quantifiable and concrete criteria may be divided into four major components (analogous to the components of a departmental medical audit):
- (1) <u>Structural measures</u> the environment, physical facilities, personnel capability, and organizational characteristics of the program (e.g., types of disciplines represented on the child protection team, evidence of coordination with local civilian child protection agencies);
- (2) <u>Process measures</u> functions, activities, and aspects of medical and administrative practice (e.g., frequency of case review, publication of standard operating procedures for case reporting, written agreements between the installation commander and civilian agencies);
- (3) Outcome measures results of health care on patients and the corresponding cost-benefit analysis (e.g., numbers of maltreatment-related deaths, recidivism rate, ratio of treaters to cases); and
- (4) Attitudinal measures opinions and assessment of consumers, providers, and evaluators (e.g., patient satisfaction, health care provider job satisfaction).

A comprehensive analytical framework may include some combination, or all, of the four major components (Donabedian, 1966; Grimes and Moseley, 1976; Moseley and Grimes, 1976).

- c. The study intent, in short, is to:
- (1) Employ a staff group of subject-matter experts to word the questionnaire in a way that best achieves the study purpose and tightly focuses on the topics;
- (2) Obtain the professional judgments of key child protection members of CPCMTs (a respondent group) on what criteria belong in an assessment of program effectiveness and which criteria are more important than others; and
- (3) Employ the staff group to categorize and summarize the questionnaire responses.

- d. The final product of the study will be a written report sent through the Study Advisory Committee to the Commander, HSC, which will:
- (1) State the feasibility of promulgating standards for an Army-wide program effectiveness evaluation procedure for CPCMTs;
- (2) Propose such standards in the form of voluntary or mandatory guidelines to the elements of HSC; and
- (3) Recommend the adoption or modification of these guidelines to OTSG for use by Army child protection teams worldwide.
- e. Portions of the final product may be suitable for dissemination to military and civilian child protection audiences through publications and presentations at professional meetings.

2. Respondent Group

- a. The respondent group will include selected representatives from all CONUS CPCMTs. Each respondent must be a key team member who is experienced in both clinical and administrative team matters. The final decision on the specific respondent qualifications will be made by the principal investigator and study advisor, with the advice of the staff group.
- b. The written questionnaire responses from the respondent group will provide the primary source of data for the study. This group will be surveyed two or more times. The questions on successive questionnaires will be based, in large part, upon the responses to prior questionnaires.
- c. The respondent group will serve as the sample for the present study and, in turn, will be the recipients of a compilation and summary of the findings for use in team program assessment.

3. Staff Group

- a. The staff group consists of subject-matter experts (a carefully-selected multidisciplinary grouping with extensive clinical and child protection team leadership experience) and collateral research-administrative personnel (principal investigator and study advisor's representative). The final selection of the staff group will be made by the principal investigator and study advisor after a review of qualifications.
 - b. The responsibilities of the subject-matter experts are to:
- (1) Review the approved study proposal and recommend ways of best achieving the study objectives;
- (2) Meet to propose the wording for the pilot test questionnaire and the first questionnaire;
- (3) Meet to review the responses to the first questionnaire, summarize the responses, and propose the wording for the second questionnaire;

- (4) Meet to review the responses to the second questionnaire, summarize the responses, and (unless additional questionnaire iterations are recommended) prepare a summary of findings to the respondent group; and
- (5) Generate recommendations for the final report to the decision-makers (HSC SAC and Commander, HSC).

4. References

- a. Donabedian, A., "Evaluating the Quality of Medical Care," The Milbank Memorial Fund Quarterly (July 1966).
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APPENDIX B
Directory of Key Study Personnel

DIRECTORY OF KEY STUDY PERSONNEL

Staff Group

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APPENDIX C

First Iteration: First Draft Questionnaire and Cover Letter



DEPARTMENT OF THE ARMY HEADQUARTERS, UNITED STATES ARMY HEALTH SERVICES COMMAND FORT SAM HOUSTON, TEXAS 78234

REPLY TO ATTENTION OF:

S: 20 Feb 81

HSPE-HD

23 JAN 1981

SUBJECT: Child Protection Team Study (RCS HSPE-104(OT))

Commanders
HSC MEDCEN/MEDDAC

- 1. Child Protection and Case Management Teams (CPCMT) in US Army Health Services Command facilities have devised a variety of innovative and productive programs under the general guidelines of Army Regulation 608-1, Chapter 7. These programs have as their primary purpose the provision of quality child protection in military communities. In some instances, Army programs have attracted statewide and national attention and acclaim. In order to identify common elements of team effectiveness and efficiency among CONUS programs, a health care study entitled "Child Protection and Case Management Team Performance Evaluation Tool" (CPCMT PET) was approved by the HSC Study Advisory Committee. This study, a priority item of the US Army Study Program for FY 81, will result in a sharing of professional judgments and programmatic developments among all child protection teams (see inclosed Study Summary).
- 2. All MEDCEN and MEDDAC with developed child protection programs such as yours will participate in the survey. Please have the Chairperson of your Child Protection and Case Management Team complete the questionnaire according to the written instructions. The questionnaire is designed to require coordination with, and solicitation of, opinions from other team members. In addition, please forward to us a copy of any written MTF or installation SOP, LOI, or regulation, and any letters of agreement between the post and civilian authorities (e.g., on federal-state jurisdiction), relevant to the operation of your CPCMT.
- 3. The success of the CPCMT PET Study depends upon your thoughtful participation and the prompt return of your response by 20 Feb 81. If you have questions, please contact either MAJ T. Paul Furukawa (AUTOVON 471-6514/3116) or MAJ Charles Waits (AUTOVON 471-6843/6807).

FOR THE COMMANDER:

2 Incl

1. Study Summary

2. Questionnaire

ALFORD W. GREEN

Adjutant Beneral

CHILD PROTECTION AND CASE MANAGEMENT TEAM PERFORMANCE EVALUATION TOOL: STUDY SUMMARY

Military and civilian child protection authorities generally agree that the multidisciplinary team is the most comprehensive vehicle in preventing, identifying, and treating child maltreatment. However, there is little uniformity among child protection teams, and no published standards or tested guidelines for these programs.

"Child Protection and Case Management Team Performance Evaluation
Tool" is an HSC Study Program health care administrative study which will
produce a standard set of criteria by which CONUS CPCMTs can measure their
own program effectiveness. This evaluation tool may also serve as part
of an MTF's quality assurance plan in complying with the new JCAH standards.

The study will use the Delphi Technique in surveying key members of CPCMTs at all CONUS MEDCEN and MEDDAC for their professional judgments of the most important program performance criteria. A panel of six subject-matter experts from HQ HSC, the Academy of Health Sciences, and Brooke Army Medical Center will assess the survey responses. The principal investigator from the Health Care Studies Division, AHS, and the study adviser from the Human Resources Division, HQ HSC, will formulate the final version of the performance evaluation tool.

The study commenced on 4 Sep 80 when the study proposal was approved by the HSC Study Advisory Committee. The data collection is scheduled to begin in Feb 81, and the final report should be prepared and staffed by Jun 81.

For information on the status of the study, contact: MAJ T. Paul Furukawa, Health Care Studies Div, AHS (AUTOVON 471-6514, 3116) or MAJ Charles Haits, Human Resources Div, HQ HSC (AUTOVON 471-6843,2767).

CHILD PROTECTION AND CASE MANAGEMENT TEAM PERFORMANCE EVALUATION TOOL STUDY

Questionnaire

PURPOSE. The intent of this questionnaire is to have you identify and rate in importance as many major criteria as possible for measuring the program effectiveness and efficiency of Army child protection teams. You may wish to base your opinion on your current team performance evaluation standards, if already developed, or on standards which in your opinion should be employed. As a pilot instrument, this questionnaire will be critiqued and revised in accordance with your recommendations before the final version is established.

INSTRUCTIONS. On the following pages, you will find three columns. The left-hand column is entitled "CRITERIA." Under this column are listed a preliminary set of criteria, some which may seem important to you and some which may not. Complete the list by adding criteria not already represented in the given list which you judge to be important in determining team effectiveness and efficiency.

The middle column contains a 5-point scale of agreement and disagreement. Note that for each criterion listed (or added by you), you should rate by circling the number (1 through 5) which best represents your judgment.

The right-hand column lists standards for each criteria. The standards have been developed through the use of a pilot questionnaire and study group input. If you feel the standard is appropriate do nothing with it, but if you feel it is invalid or should be modified please do so on the following line.

CRITIQUE. This questionnaire is meant to be critiqued. After you complete the questionnaire as well as possible, scan the entire questionnaire, these instructions, and the study summary. Marking on the materials directly, please recommend additions, modifications, or suggestions that may clarify the materials for later respondents.

SUSPENSE. Please return materials by 20 Feb 81.

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	CRITERION	leam 2.	3. Coordinator of investigation and treatment	4. Liaison with civilian child pro- tective agencies	5. Liaison with civilian court system and law enforcement	- E

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in (If you do not agree with proposed standards then enter Strongly your own) Best Case	Procedures established to	Established network No network	l Established network No network	Strictly protected Not protected	Hell PublicizedNot well known
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criteriq ctívenes Dís- agree	~	~	8	~	N
This item should be a criterion in judging a CPCMI's effectiveness: ongly No Dis- Strinee Agree Opinion agree Dis 5 4 3 2	(Cfrcle One)	m	m	m	m
item sh ng a CP Agree Agree	4	•	•	◆	₹
This i Juagir Strongly Agree 5	vo	vs	so.	ru ,	ທ 1
CRITERION	c. <u>Team Attitude</u> (Continued) 2. Ayoidance of "burnout"	 CASE DEVELOPMENT Case Structure Sources of reported cases (out-side team) 	2. Sources of reported cases (inside team)	3. Confidentiality	4. Availability of point-of-contact for reporting cases & for info

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PROPOSED STANDARDS (If you do not agree with proposed standards then enter your own) Best Case	All cases screened by M.D. social worker & community health nurse prior to acceptance as case hearsay	Promptly done by M.D(pediatrician) in all cases	Coordinated withteam	Requiar part of familyevaluation	Each home visited
ongly sagree	-	-	-	-	-
This item should be a criterion in judging a CPCMI's effectiveness: ongly No Dis-Strongree Agree Opinion agree Dis-Strongree Agree Opinion agree Dis-Strongree	2	2	2	2	64
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item sho ng a CPC Agree 4	(C)	4	4	4	4
This i judgin Strongly Agree 5	ဟ	v s	ľ	بر	w 1
CRITERIOM	b. <u>Case Processing</u> 1. Initial assessment of suspicion	2. Medical examination	3. Police investigation	4. Psychosocial assessment	5. Community health nurse home visit

PROPOSED STANDARDS (If you do not agree with proposed standards then enter your own) Best Case	Each case/suspected	Each case suspectedcase checked	All state laws followed Cases not rr- Good rapport maintained	All cases None (promptly)	Protected record maintained Records incomply w/copies of lab work, x-ray and consultations	Complete medical, social, psychologicalNot maintained and photographic documents in secure records
in Strongly Disagree	-	-	~	-	~	-
riterion tiveness Dis- agree 2	2	8	~	~	2	~
This item should be a criterion in Judging a CPCMT's effectiveness: ongly No Dis- Struces Agree Opinion agree Dis- 5	(Circle One) 3	က	ю	ю	m	ဗ
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CRITERION	. Local/state registry inquiry	7, US Anny Central Registyr inquiry	. Filing report to local/state registry	. Filing report to Central Registry	. Maintenance of medical record	. Maintenance of CPCMI record
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finis item should be a criterion in judging a CPCMT's effectiveness: (If you do not agree with proposed standards then enter songly No Dis- Strongly your own) Rest Case	(Circle One) Multispeciality treatment	3 2 l Each case has individual managerNonc	3 2 1 Treatment plan reviewed at leastNot reviewall monthly by case managers	3 2 1 Conducted Not conducted	3 2 l Child's emotional well-being
This item sho Judging a CPC Strongly Agree Agree	5 4	4	et •	4	•
CRITERION	12. Development of treatment plan S	13. Appointment of case manager for each 5 case	14. Periodic update of treatment plan 5	<pre>15. Post-mortem psycho/social/medical 5 autopsy on active cases</pre>	c. <u>Case Attitude</u> l. Child's reaction to intervention 5

PROPOSED STANDARDS (If you do not agree with proposed standards then enter your own) Best Case	Parent/caretaker become Alignation	Active program conducted to		Active participation None	Active participation	Proper procedures followed Transfer not (cases transferred but "not done in time!v closed" until written accept- manner ance from gaining unit received)
n in S: Strongly Disagree	_	-		-	-	-
criterio sctivenes: Dis- agree 2	2	~		~	2	~
This item should be a criterion in judging a CPCMT's effectiveness: ongly No Dis-Stree Agree Opinion agree Dis-Stree	(Cfrcle One)	က		m	က	m
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This Judgi Strongly Agree 5	'n	ĸ		ĸ	ro .	
CRITERION	2. Parental/caretaker reaction to intervention	3. Siblings' reaction to intervention	_	 activities 1. Interaction and support from military	2. Interaction and support from civilian activities	3. Case transfer written procedures
	 	C-9				

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PROPOSED STANDARDS (If you do not agree with proposed standards then enter your own) Best Case	Priority clerical support	Child advocacy is integral Not included part of post orientation	Periodic public relations	Commanders (at all echelons)	All cases evaluated withinon followun
in Strongly Disagree	-	-	-	-	-
riterion tiveness Dis- agree 2	2	~	8	8	~
This item should be a criterion in judging a CPCMI's effectiveness: ongly No Dis-Stree Agree Opinion agree Dis-St-Agree Opinion Agree Dis-St-Agree Opinion Agree Dis-St-Agree Opinion Agree Dis-St-Agree Opinion Agree Opinion Agr	(Cfrcle One)	r	က	m	m
item sho ig a CPC Agree Agree	2)	4	•	4	₹
This i judgin Strongly Agree 5	s.	'n	w	ທໍ	red L
CRITERION	4. Clerical support for team	. Process 1. Orientation of new community personnel	2. Continuing education of community personnel	3. Publicity of results	4. Rapid responses to reports from sources
	1	خ 0-10			
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PROPOSED STANDARDS (If you do not agree with proposed standards then enter your own) Best (Ase	Regular feedback to sources	Active program	Community regularly informed of teamNo awareness and its functions of team	Clear rigid	SatisfiedDissatisfied	SatisfiedDissatisfied
n in s: Strongly Disagree	~	-	-	-	-	-
criterio ctivenes: Dis- agree 2	2	2	8	~	8	2
This item should be a criterion in judging a CPCHI's effectiveness: ongly No Dis- Stiree Agree Opinion agree Dis- 5	(Circle One) 3	m	m	m	e	m
item shoi ng a CPCi Agree) 4	4	•	•	•	•
This judgi Strongly Agree 5	vs.	ĸ	ហ	w		w !
CRITERION	5. Source reedback	6. Muther-child bonding assessment	7. Community Awareness	8. Resolving federal-state jurisdictional matters	c. Administrative Attitudes 1. Satisfaction of installation with team	2. Satisfaction of MTF with team

PROPOSED STANDARDS (If you do not agree with proposed standards then enter	your own) Best Worst		SatisfiedDissatisfied	SatisfiedDissatisfied	
This item should be a criterion in judging a CPCMI's effectiveness:	No Dis- Strongly Agree Opinion agree Disagree	(Circle One)	-	-	
	Dis- agree 2		~	8	
	No Opinion 3		m	က	
	Agree 4		4	4	
	Strongly Agree 5		S.	sam 5	
CRITERION			3. Satisfaction of CPCMT with its results	i. Satisfaction of local community with team 5	

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APPENDIX D

Second Iteration: Second Draft Questionnaire and Cover Letter



DEPARTMENT OF THE ARMY HEADQUARTERS, UNITED STATES ARMY HEALTH SERVICES COMMAND FORT SAM HOUSTON, TEXAS 78234

REPLY TO ATTENTION OF:

S: 31 Jul 81

HSPE-HD

13 JUL 1981

SUBJECT: Child Protection Team Study (RCS HSPE-104(OT))

Commanders
HSC MEDCEN/MEDDAC

- 1. Child Protection and Case Management Teams (CPCMT) in US Army Health Services Command facilities have devised a variety of innovative and productive programs under the general guidelines of Army Regulation 608-1, Chapter 7. These programs have as their primary purpose the provision of quality child protection in military communities. In some instances, Army programs have attracted statewide and national attention and acclaim. In order to identify common elements of team performance criteria, a health care study entitled "Child Protection and Case Management Team Performance Evaluation Tool" (CPCMT PET) was approved as a priority item of the US Army Study Program for FY 81. This study will result in a sharing of professional judgments and programmatic developments among all child protection teams (see inclosed Study Summary).
- 2. In February 1981, the CPCMT from your command participated in the first phase of the CPCMT PET Study. The data from that phase were compiled and analyzed, resulting in a draft Performance Evaluation Tool (PET). A critique of that draft CPCMT PET will constitute the second study phase. All MTF with developed child protection programs such as yours will participate in the second phase. Please have the Chairperson of your Child Protection and Case Management Team complete the questionnaire according to the written instructions. The questionnaire is designed to require coordination with, and solicitation of opinions from other team members.
- 3. The success of the CPCMT PET Study continues to depend upon your thoughtful participation and the prompt return of your response by 31 Jul 81. If you have questions, please contact either MAJ T. Paul Furukawa (AUTOVON 471-6514/3116) or MAJ Charles Waits (AUTOVON 471-6843/6807).

FOR THE COMMANDER:

2	Incl	
_		

1. Study Summary

2. Questionnaire

W. C. COSGROVE LTC, AGC Adjutant General

MAITS MAJOR, AGO

Released by		_
Signature	 <u> </u>	
Date		

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CHILD PROTECTION AND CASE MANAGEMENT TEAM PERFORMANCE EVALUATION TOOL: STUDY SUMMARY

Military and civilian child protection authorities generally agree that the multidisciplinary team is the most comprehensive vehicle in preventing, identifying, and treating child maltreatment. However, there is little uniformity among child protection teams, and no published standards or tested guidelines for these programs.

"Child Protection and Case Management Team Performance Evaluation Tool" is an HSC Study Program health care study which is intended to produce a standard set of criteria by which CONUS CPCMT can measure their own program effectiveness. This evaluation tool may also serve as part of an MTF's quality assurance plan in complying with the new JCAH standards.

The study will use the Delphi Technique in surveying key members of CPCMT at all CONUS MEDCEN and MEDDAC for their professional judgments of the most important program performance criteria. A panel of subject-matter experts from HSC, the Academy of Health Sciences (AHS), and Brooke Army Medical Center will assess the survey responses. The principal investigator from the Health Care Studies Division, AHS, and the study advisor from the Human Resources Division, HSC, will formulate the final version of the performance evaluation tool.

The study commenced on 4 Sep 80 when the study proposal was approved by the HSC Study Advisory Committee. The data collection began in Feb 81, and the final report should be prepared and staffed by Aug 81.

For information on the status of the study, contact: MAJ T. Paul Furukawa, Health Care studies Div, AHS (AUTOVON 471-6514, 3116) or MAJ Charles Waits, Human Resources Div, HQ HSC (AUTOVON 471-6843,2767).

CHILD PROTECTION AND CASE MANAGEMENT TEAM PERFORMANCE EVALUATION TOOL (CPCMT PET) STUDY

Questionnaire

PURPOSE. The intent of this questionnaire is to have you concur/nonconcur with the draft CPCMT PET. Your comments and/or recommendations will be incorporated into the final version when supported by the study panel. The final version may become part of a proposed HSC regulation on the Child Advocacy Program.

SUSPENSE. Please return materials by 31 Jul 81.

INSTRUCTIONS. On the following pages, you will find an introductory section (with "purpose," "scores," and "summary" parts), and three sections of criteria. The criteria are grouped under the labels of "organization," "function," and "administration;" by means of an earlier survey of CPCMT teams, weighted values for criteria in each section were determined to be 5 points, 4 points, and 3 points, respectively. You are asked to read the draft CPCMT PET and to mark directly on the draft if you wish to challenge, delete, or clarify the wording of any of the criteria. In addition, you are asked to respond to the following questions and add any general comments you desire.

1. Overall, do you feel that the PET will accomplish its objective (i.e. providing an appraisal of the operations and functions of a CPCMT)?

Yes No (please explain) Somewhat (please explain)

2. When completed, will the PET support your estimation of your team's performance?

Yes No (please explain)

3. Do you feel that the PET, when used by an individual upon assuming Chair-manship of a CPCMT, will provide initial insight into the strengths and weaknesses of the team?

Yes No (please explain)

4. Do you feel that the PET will provide an aid to the evaluation of "quality assurance" within your area of responsibility in the MTF?

Yes No (please explain)

5. Please provide any comments you would like about the PET and its use.

HSC Form 384 R (One-Time)(DCSPER)

CHILD PROTECTION AND CASE MANAGEMENT TEAM PERFORMANCE EVALUATION TOOL (CPCMT PET)

<u>Purpose</u>. The CPCMT PET provides each CPCMT with a self-assessment tool. This tool was validated through consensus of Army CPCMT leaders.

Scores. A team's total CPCMT PET score is the sum of <u>organization</u>, <u>function</u>, and <u>administration</u> points. A "yes" answer to each <u>organization</u> item yields 5 points, a "yes" answer to each <u>function</u> item yields 4 points; a "yes" answer to each <u>administration</u> item yields 3 points.

<u>Summary</u> Organization Function Administration	Points/30/40/30/100
ORGANIZATIO	N .
l. Interdisciplinary Mix. The team has a	Yes No
complete interdisciplinary composition according to the available professional resources.	(5)(0)
2. Written Directive. There are one or more local written directives (e.g., SOP, MTF regulation, post regulation) establishing the CPCMT and describing its function.	(5)(0)
 Team Minutes. Minutes of team meetings are authenticated by an appropriate authority and maintained properly. 	(5)(0)
 Leadership. Formal team leadership is established (e.g., chairperson, coordi- nator, alternates). 	(5)(0)
 Civilian Agencies. A satisfactory working liaison is established with local civilian child protection agencies. 	
6. Team Point-of-Contact. A well-publicized point-of-contact for information and case-reporting is named.	(5)(0)
Organization	n Total Pts =
•	

	FUNCTION		
		Yes	No
1.	Case Record. There is a case record for every case handled by the team.	(4)	(0)
2.	Central Registry. Each case that meets the established guidelines is reported to the Army Child Maltreatment Central Registry (Ft Sam Houston, TX).	(4)	(0)
3.	Treatment Plan. A treatment plan is developed for each case and is part of the CPCNT case record.	(4)	(0)
4.	Case Manager. A case manager is appointed for every case.	(4)	(0)
5.	Case Revision and Update. There are established procedures for revising and updating cases periodically.	(4)	(0)
6.	Initial Medical Exam. There are quide- lines for use by medical personnel in their initial examination of the child (e.g., whom to contact).	(4)	(0)
7.	Psychosocial Assessment. There are guidelines for use by behavioral science personnel in their assessment of the child and family.	(4)	(0)
8.	Home Visit. There are guidelines for use by community health nursing personnel, if in-the-home assessment and therapeutic intervention is required.	(4)	(0)
9.	ACAP Officer and Command. There are procedures which define and enhance the relations among the team, the ACAP officer, and the post commander.	(4)	(0)
10.	Local/State Registries. Requirements for reporting cases to local and state registries are met.	(4)	(0)

Function Total Points =

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	ADMINISTRATION		
		Yes	No
1.	Military Community Support. In general, the military community and agencies support the CPCMT effort.	(3)	(0)
2.	Civilian Community Support. In general, the civilian community and agencies support the CPCMT effort.	(3)	(0)
3.	Case Transfer. The team adheres to established procedures for transferring cases to and from other CPCMT's.	(3)	(0)
4.	Clerical Support. The team receives adequate and dependable clerical support.	(3)	(0)
5.	Orientation. All newly-assigned command- ers, staff, and military community members receive adequate orientation to the CPCMT effort.	(3)	(0)
6.	Prevention. There is a post-wide child maltreatment prevention and awareness project.	(3)	(0)
7.	Responsiveness. There are procedures which ensure timely response to case report sources.	(3)	(0)
8.	Training. New CPCMT members receive adequate local training, and experienced members have access to continuing education.	(3)	(0)
9.	Consumer Evaluation. When possible, evaluation of the effectiveness of the intervention is solicited from the child, the sponsor, and the maltreator.	(3)	(0)
10.	Performance Evaluation. There are procedures used by the team to assess its performance and effectiveness periodically.	(3)	(0)
	Administration Total Points	=	

APPENDIX E
Responses to First Iteration

(If you do not agree with proposed standards then enter your own) Best Case		8-10 Separate DisciplinesOne Discipling	Snecified Duties No Defined Cuidance	Mandatory on-going training	Full Compliance	Full Cooperation flour	Secured Detailed Records
i. Strongly Disagree		-	-	- 2	-	-	~
This item should be a criterion in Judging a CPCMT's effectiveness: ongly No Dis- Str gree Agree Opinion Agree Dis		~	~ _	2 2	% K)	2	8
uld be a o M's effer No Opinion 3	(Circle One)	m	e -	n 2	2 3	3	e –
item shoung a CPCi ng a CPCi Agree	ی	* ^	10	4 15	4	15	4 0
This Judgi Strongly Agree 5		30	5 25	s 12	s 18	. ⁵ .	3 = 3
CRIFERION	I. ORGANIZATIOM	Team Structure 1. Interdisciplinary mix .	 Defined written responsibilities (Alf Regulation, ScP) 	3. Formal professional staff training & credentialing process	4, Full compliance with AR 608+1	5. Formal liaison to ACAP	. Team Process 1. Record keeping (team minutes)
	1 -	rō E	-1				غ

Formal leadership (chairperson and solutions) Formal member satisfaction (attitude check) Formal means to evaluate	CRITÉRION	This judgi Strongly Agree 5	item sho ng a CPC Agree	This item should be a criterion in judging a CPCMI's effectiveness: ongly No Dis- Strinee Agree Opinion agree Dis- 5 4 3 2	riterion tiveness Dis- agree 2	in Strongly Disagree	PROPOSED STANDARDS (If you do not agree with proposed standards then enter your own) Best Case	nter Morst (e)
Continued S			٤	ircle One)				
or of investigation and 5 4 3 2 1 Designated leaders	[eam Process (Continued)							
or of investigation and 5 4 3 2 1 Individual Coordinator with	2. Formal leadership (chairperson and coordinator)	æ	4	m	8	- -		nnated
or of investigation and 5 4 3 2 1 Individual Coordinator with		30	7				!	
ith civilian child pro- 5 4 3 2 1 Full cooperation with gencies 34 3 2 1 Full cooperation with ith civilian court system 5 4 3 2 1 Regular cooperation with good ith civilian court system 5 4 3 2 1 Regular cooperation with good nforcement 26 8 2 1 Regular cooperation with good understanding between team and local court and law enforcement lisfaction (attitude check) 5 4 3 2 1 Formal means to evaluate	3. Coordinator of investigation and		•	•	•			
5 4 3 2 1 Full cooperation with	treatment	3 %	4 /	m —	2 -	_		l plan of
as full team member th civilian court system 5 4 3 2 1 Regular cooperation with good unforcement 26 8 2 understanding between team and local court and law enforcement 10cal court and law enforcement 11sfaction (attitude check) 5 4 3 2 1 Formal means to evaluate			₹ (m	2	-		ration
th civilian court system 5 4 3 2 1 Regular cooperation with good		34	.				as full team member	
understanding between team and local court and law enforcement local court and law enforcement lisfaction (attitude check) 5 4 3 2 1 Formal means to evaluate		ĸ	•	ო	~	~		ration
tisfaction (attitude check) 5 4 3 2 1 Formal means to evaluate	and iaw enforcement	56	∞	2			understanding between team and local court and law enforcement	
Formal means to evaluate7	am Attitude	•						
£ 6	1. Member satisfaction (attitude check)	50	*	m	7	~		
		7	14	6	ო		member attitude .	
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This item should be a criterion in judging a CPCMT's effectiveness: (If you do not agree with proposed standards then enterongly your own) Strongly No Dis- Strongly your own) Best Case	(Circle One) 3 2 1 Procedures established to No Proceduros 9 help ayoid burnout		3 2 1 Established network	3 2 1 Established network No network	3 2 Rigid Procedures	3 2 l Hell PublicizedNot well known
ing a CP	4 4		▼	12	10	♥ 9
This i juagin Strongly Agree 5	12		5 22	5 22	5 27	30
CRITERION	c. <u>Team Attitude</u> (Continued) 2. Avoidance of "burnout"	II. CASE DEVELOPMENT Case Structure	<pre>}. Sources of reported cases (out- side team)</pre>	Sources of reported cases (inside team)	3. Confidentiality	 Availability of point-of-contact for reporting cases & for info

ion visit	This item should be a criterion in judging a CPCMI's effectiveness: Strongly No Dis- Strongly your own) Agree Agree Opinion agree Disagree 5 4 3 2 1 Best Case	(Circle One) 5 4 3 2 1 All cases screened by M.D. Social worker & community 18 15 1 2 2 Social worker & community health nurse prior to acceptance review, only, on hearsay	5 4 3 2 1 Promptly done by M.D Delayed or done had promptly done by M.D Delayed or done had promptly done by M.D	5 4 3 2 1 Coordinated with	5. 4 3 2 1 Regular part of familyNot utilized evaluation	5 4 3 2 1 Each home visitedNot used
CRITERION Processing Initial assessment of suspic Medical examination Police investigation Psychosocial assessment Community health nurse home	This item sh judging a CP Strongly Agree Agree	4 51			26	·

PROPOSED STANDARDS (If you do not agree with proposed standards then enter your own) Best Case Wonst's	Each case/suspected	Each case suspected never used case checked	All state laws followed Good rapport maintained	All cases	Protected record maintained Records incompleted w/copies of lab work, x-ray or not protected and consultations	Committe medical, social, psychologicalNot maintained and photographic documents in secure records
in Strongly Disagree	- 2	2	-	- 2	-	-
riterion tiveness: Dis- agree	2 60	2 2	2 2	² 4	2 2	~
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ttem sho ing a CPC Agree	2) 4 8	4 5	4 12	4	12	→ 0
This i Judgin Strongly Agree 5	s 18	s 1 5	s 21	s 71	5. 22.	S · 88
CRI TERION	o. Local/state registry inquiry	7. US Army Central Registyr inquiry	 8. Filling report to local/state registry 	9. Filing report to Central Registry	10. Maintenance of medical record	11. Maintenance of CPCMT record
	!	E-5				

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(If you do not agree with proposed standards then enter your own) Best Case	Multispeciality treatment	Each case has individual manager	Treatment plan reviewed at leastNot reviewed monthly by case managers	Conducted Not conducted	Child's emotional well-beingtion given to enhanced by support provided child's well-
in Strongly Disagree	_	-	-		-
This item should be a criterion in judging a CPCMT's effectiveness: ongly No Dis- Strinee Agree Opinion agree Dis- 5 4 3 2	~	2 -	2 2	~	s гo
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item sho ing a CPC / / Agree	02	→ 2	→ 0	→ ∞	4 0
This i Judgin Strongly Agree 5	\$ 26	5 24	\$ 21	s 19	. 5 .
CRITERION	12. Development of treatment plan	13. Appointment of case manager for each case	14. Periodic update of treatment plan	 Post-mortem psycho/social/medical autopsy on active cases 	c. <u>Case Attitude</u> 1. Child's reaction to Intervention
		E-6			

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NDARDS tandards then enter	Morst		Alienation	No care niv.	to siblina			None	None	done in time to manner
PROPOSED STANDARDS (If you do not agree with probosed standards then enter	your own) Best Case		Parent/carctaker become	Active program conducted to	ensure sibling understand & are supported through crisis			Active participation None	Active participation	Proper procedures followed
	Strongly Disagree 1		-	_				<u>-</u>	_	_
criterior	Dis- agree 2		2 5	^	9			~	~	~ -
This item should be a criterion in judging a CPCMI's effectiveness:	No Opinion 3	(Circle One)	_m m	~	, m			m	m	2 3
item sho ng a CPC	Agree 4	2	~ =	▼	. 8			4 4	13	4 -
Th ts Judgi	Strongly Agree 5		s 17	ď	10			5 22	s 23	20
MOTOTITION			Parental/caretaker reaction to intervention	20 10 10 10 10 10 10 10 10 10 10 10 10 10		III ADMINISTRATION	a. Structure	 Interaction and support from military activities 	2. Interaction and support from civilian activities	3. Case transfer written procedures

(If you do not agree with proposed standards then enter your own) Best Case	Priority clerical support no clerical sum provided board members no "farmed" out)	Child advocacy is integral	Periodic public relationsNot conducted (articles published) Periodic followup orientations	Commanders (at all echelons)	All cases evaluated withinon followup
i in Strongly Disagree	-		-		-
This item should be a criterion in judging a CPCNI's effectiveness: ongly No Dis- Strinee Agree Opinion agree Dis-5 4 3 2	2	2 4	3 2	∾∿	N Ю
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item sho ing a CPC Agree	2) 4 [13	16	4 4	12
This judgi Strongly Agree 5	5 25	5 17	14	12.	24 :55
CRITERION	4. Clerical support for team	b. <u>Process</u>l. Orientation of new community personnel	2. Continuing education of community personnel	3. Publicity of results	4. Rapid responses to reports from sources
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	Th(s i judgin	item sho ng a CPC	This item should be a criterion in judging a CPCMI's effectiveness:	riterion tiyeness	t :	PROPOSED STANDARDS
CRITERION	Strongly Agree 5	Agree 4	No Optinfon 3	Ois- agree 2	Strongly Disagree	your own) Best (ase
5. Source feedback	12	2 4 €	(Circle One)	2 /	-	Regular feedback to sources Excessive do that case was valid or invalid feedback
6. Mother-child bonding assessment	s 19	4 2	မ	8		Active program No program in obstetrics/new born nursery
7. Community Awareness	5 17	4	м М	8	-	Community regularly informed of teamNo awareness and its functions of team
8. Resolving federal-state jurisdictional matters	s 25	~ ∞	, m	8		Clear rigidInactive agreement between post/civilian authorities (if needed)
c. Administrative Attitudes 1. Satisfaction of installation with team	. 5.	14	e G	۲ -		SatisfiedDissatisfied
2. Satisfaction of MTF with team	ء _ا ور	- 92	e e	2	-	SatisfiedDissatisfied
					6 1	

PROPOSED STANDARDS	(If you do not agree with proposed standards then enter y your own)	Best Worst		SatisfiedDissatisfied	SatisfiedDissatisfied				
5	strongly Disagree	-		-	-			2	
criterion	ctiveness Dis- agree	7	(Circle One)	2	2				
This item should be a criterion in	MT's effe No Opinion	ო		۳ م	ო	ဂ			
item sho	ing a CPC / Agree	•	2	13	4	4			
This	judgin Strongly Agree	G		5 20	team 5	4	·	1	
CRITERION				Satisfaction of CPCNT with its results 5 20 20 Satisfaction of local community with team 5			· .		

APPENDIX F
Responses to Second Iteration

RESPONSES TO SECOND ITERATION

As part of the second iteration of the modified Delphi Technique, respondents were asked the following five questions:

- 1. Overall, do you feel that the PET will accomplish its objective (i.e. providing an appraisal of the operations and functions of a CPCMT)?
- 2. When completed, will the PET support your estimation of your team's performance?
- 3. Do you feel that the PET, when used by an individual upon assuming Chairmanship of a CPCMT, will provide initial insight into the strengths and weaknesses of the team?
- 4. Do you feel that the PET will provide an aid to the evaluation of "quality assurance" within your area of responsibility in the MTF?
- 5. Please provide any comments you would like about the PET and its use.

Below is a compilation of the responses. The numbers refer to labels given randomly to each returned questionnaire.

Question 1:

OVERALL, DO YOU FEEL THAT THE PET WILL ACCOMPLISH ITS OBJECTIVE (i.e. PROVIDING AN APPRAISAL OF THE OPERATIONS AND FUNCTIONS OF A CPCMT)?

YES - 24 Responses

NO - 1 Response

SOMEWHAT - 3 Responses

- 17 All questions too general in nature.
- 26 No instrument this simple can accurately apprise the functioning of all the diverse and unique CPCMTs.
- 30 It will be a guideline, however, much is still subjective, e.g. "satisfactory," "in general," "when possible," etc.
- 29 Need objective criteria for the measurement define terms. Examples: Under organization, what is (1) "complete interdisciplinary composition" and (5) "satisfactory working liaison", and under administration, what is (2) "support of CPCMT effort" and (8) "adequate local training"?
- 31A- It is ideal and very well done.
- 31B- There may be procedures and guidelines in effect which I am not familiar with. PET does not allow room for comment/feedback.

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Question 2:

WHEN COMPLETED, WILL THE PET SUPPORT YOUR ESTIMATION OF YOUR TEAM'S PERFORMANCE?

YES - 24 Responses

NO - 4 Responses

- 5 Safety of the child must be insured. Some administrative and function category items, while being important, must be set aside at small installations with limited resources in order to insure time and energy to take care of the dangerous family situation. Some criteria may hinder direct care.
- 15 Under "function" item 3-8 seems to make an assumption that the CPCMT is also the treatment provider. If the CPCMT is the treatment provider, then these points are an adequate measure of functioning. In the case where the CPCMT provides referral and coordination with treatment providers, then functions 3-8 are activities of the treatment provider and not the CPCMT.
- 17 Anyone could answer most questions with a "yes" The way the questions are written - as a result some will be misled into a sense of self satisfaction.
- 29 It would depend on person completing it because of subjectivity.
- 31A- No doubt about this.
- 31B- Gives a better idea of what to look for.
- 31D- For the most part.

Question 3:

DO YOU FEEL THAT THE PET, WHEN USED BY AN INDIVIDUAL UPON ASSUMING CHAIRMANSHIP OF A CPCMT, WILL PROVIDE INITIAL INSIGHT INTO THE STRENGTHS AND WEAKNESSES OF THE TEAM?

YES - 27 Responses

NO - 1 Response

- 17 It would have been nice to know some of these areas of consideration when first assigned to the team.
- 29 Same as 1 and 2.
- 31A- Definitely
- 31B- Probably, still doesn't have an area for correction of deficiencies which may or may not exist.

Question 4:

DO YOU FEEL THAT THE PET WILL PROVIDE AN AID TO THE EVALUATION OF "QUALITY ASSURANCE" WITHIN YOUR AREA OF RESPONSIBILITY IN THE MTF?

YES - 25 Responses

NO - 3 Responses

- 8 I have some concern RE: quality assurance. There is no doubt in my mind that this evaluation will provide for administrative clarity. However, if it becomes a tool of an IG or inspector it can provide overworked case managers and chairmen with just another "administrative" headache. In my case, I feel that our CPCMT is in compliance with 95% of the PET criteria. However, If I were to be faced with an inspector who was using the tool to evaluate our CPCMT, I will find myself dealing more with the administration of the program and less with quality assurance. Otherwise, it is a fine tool. It provides an adequate checklist to measure one's program against.
- 17 I am not certain.
- 21 Not necessarily. For example, not only is it necessary to know if there are guidelines (i.e. item 7, Function), but also whether or not they are observed.
- 29 Same as 1 and 2.
- 31A- Definitely
- 31B- Should be helpful, perhaps not the sole evaluation criteria.
- 31D- However perhaps under title "Function" more emphasis on Drug/ETOH assessments.

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Question 5:

PLEASE PROVIDE ANY COMMENTS YOU WOULD LIKE ABOUT THE PET AND ITS USE.

WITH COMMENTS - 16

WITHOUT COMMENTS - 12

- 2 It looks good to me. Have you come up with any figure less than 100 that would indicate an acceptable program? Or will this ever be used for anything other than a <u>self</u> evaluation tool?
- 6 Long overdue inter-committee coordinating tool. Essential. (Addendum: our CPCMT would fare well).
- 9 I am very pleased with the content and format of the PET. It seems to reflect the input I have in Feb 81. Thank you for your efforts.
- 11 Care should be taken to insure that the PET remains an aid an instrument not become a rigidly applied yardstick.
- 13 The PET is well-organized & easy to understand. It should be a useful tool for evaluating each CPCMT.
- 14 I agree with the PET as it stands. No additional comments.
- 15 The PET needs to be augmented with some type of procedure or operations manual for the CPCMT functions which takes into account the variety of installation implementation methods. Also consideration of CPCMT functioning as impacted by interlocking jurisdiction with Civilian Social Services Agencies is necessary.
- 16 The system will have subjective findings if each CPCMT does its own rating and this may have to be addressed in the future.
- 17 Perhaps PET could have been written with answers such as: Always (5), Most Always (4), Sometimes (3), Seldom (2), None of the time (1). When adding these scores if honest a more true eval would be obtained.
- 20 Only two comments from our CPCMT: (1) (From JAG) Suggest looking at AR 608-1 to insure all regulatory requirements of CPCMT operations are accounted for in the PET. That way it will be a checklist for legal sufficiency of CPCMT actions. (2) (From Community Health Nurse) The PET should be most effective if respondents are honest.
- 21 Recommend addition of a 4th major category, "Outcome," which would elaborate upon items 9 and 10 (Admin) and would receive increased point values. Also a mechanism is needed, Army-wide, by which longitudinal studies can be done on children seen by CPCMT's and the effectiveness of CPCMT intervention assessed.

Question 5 (CONT)

PLEASE PROVIDE ANY COMMENTS YOU WOULD LIKE ABOUT THE PET AND ITS USE.

- 23 It is predictable that PET may soon reveal CPCMT membership finding it more difficult to administer program. Each member is double hatted and case finding/load increases to point of full time demands. This will result in burnout, denial of service to valid cases and lack of accurate reporting.
- 24 Excellent Tool.
- 25 1) I would caution any one thing,[sic], i.e. PET, that has multiple uses, i.e. internal control (chairman), external control (ICAH) and establishing policy (regulation). Would prefer broad guidelines (external) and specific guidelines (internal) as each post has many variables worth considering of which personalities of CPCMT members should not be an area for apology. Such things as mission, staffing, community support, would also lend credibility to broad external guidelines.
 - 2) PET as advertised (note purpose, this PET) is a self assessment (internal) tool. Responses may have been different if it were advertised as setting policy (external).
- 26 It may help unify the approaches used by various CPCMTs currently functioning.
- 29 Would prefer the PET to be more clearly and objectively defined with simple yes and no answers. Total scores are meaningless the individual negative answers are significant!
- 30 Should be a good tool.
- 31A- a) Reverse the weightings: function 5 pts each item (THIS IS CLEARLY MOST CRITICAL); organization 4 pts each item or 3 pts; administration 3 pts each item or 4 pts.
 - b) Replace items 1 and 2 in Admin section as recommended on last page
- 31B- Shows areas to improve.
- 31C- The PET should be presented to officials in responsible positions and who could contribute objective feedback to CPCMT chairperson (and create more interest and support). e.g. Post Commander, Hospital Commander, Post Chaplain. If this procedure is adopted, I recommend adding response choice "Not in position to Know" or "Don't Know."
- 31D- A workable tool

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